



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
**CHANGE OF BAIL BOND STATUS**

P.O. BOX 690 or  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MO 65102  
TELEPHONE: (573) 751-3518  
**THIS FORM MAY BE DUPLICATED**

### INSTRUCTIONS

Please type or print in ink.

The fee for a duplicate license is \$10. Fee may be paid by check or money order, made payable to DIFP - Insurance. Please return current bail bond license or destroy it upon receipt of revised license. ☐ Check box if you are enclosing the \$10 fee.

SOCIAL SECURITY/LICENSE NUMBER	LEGAL LAST NAME, FIRST NAME, MIDDLE NAME OF BAIL BOND AGENT	<input type="checkbox"/> JR <input type="checkbox"/> SR
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)		

☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

<b>NEW RESIDENCE ADDRESS (Required)</b>				
STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
<b>NEW BUSINESS ADDRESS (Optional)</b>				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
<b>NEW MAILING ADDRESS (Optional)</b>				
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

☐ **CHANGE OF NAME** (Please attach documentation)

<b>PREVIOUS NAME</b>
<b>NEW NAME</b>

☐ **CHANGE OF GENERAL BAIL BOND AGENT**

GENERAL BAIL BOND AGENT(S) TO BE DELETED	
NEW GENERAL BAIL BOND AGENT NAME AND LICENSE NUMBER	ORIGINAL SIGNATURE OF NEW GENERAL BAIL BOND AGENT

DATE	ORIGINAL SIGNATURE OF BAIL BOND AGENT (REQUIRED FOR ALL ABOVE CHANGES)
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